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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							A	Application or Docket Number 10/577,504			ing Date 11/2007	☐ To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛				HER THAN	
FOR			NUMBER FILED		.ED N	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A			N/A	1	N/A			N/A		
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A			N/A	1	N/A			N/A		
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A			N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1 16(i))			minus 20 =		us 20 = *		1	x \$ = 1		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =				l	X \$ = 1		1	X \$ =		
□APPLICATION SIZE FEE (37 CFR 1.10(e)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 50 U.S.C. 41(q1)(1(g) and 37 CFR 1.16(s).													
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL]	TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	08/17/2011	CLAIMS REMAININ AFTER AMENDM			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 19		Minus	** 20	= 0]	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 2		Minus	···3	- 0	1	X \$110 =	0	OR	XS =		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							1		OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
		(Column	1)		(Column 2)	(Column 3)							
ENT		CLAIM REMAINI AFTER AMENDM	ING R		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16()))			Minus		-		X \$ =		OR	X S =		
ENDM	Independent (37 CFR 1 16(h))			Minus	***	-	l	X \$ =		OR	x s =		
Π̈́	Application Size Fee (37 CFR 1.16(s))						l			Į			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))						П			OR			
										OR	TOTAL ADD'L FEE		
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For I'N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For I'N THIS SPACE is less than 3, enter "3". The 'Highest Number Previously Paid For I'N THIS SPACE is less than 3, enter "3". The 'Highest Number Previously Paid For I'N THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For I'N THIS SPACE is less than 3, enter "3". The 'Highest Number Previously Paid For I'N THIS SPACE is less than 1 and the highest number to level in the appropriate box in column 1. The 'Highest Number Previously Paid For I'N THIS SPACE is less than 3, enter "3".												

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